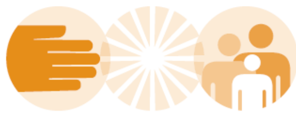

Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future
September 8, 2008

INTRODUCTION

According to the *Merriam-Webster Dictionary*, to marginalize is "to relegate to an unimportant or powerless position within a society or group." In the U.S., this definition is generally used to identify those groups that are not part of the dominant culture. Based on this basic definition, we place some emphasis on the following potentially marginalized groups in this document and during the summit: racial and ethnic minority youth; youth in foster care; homeless and runaway youth; immigrant youth; disabled youth; adjudicated youth; and lesbian, gay, bisexual, transgender, or questioning youth (LGBTQ). In today's society, for a host of reasons, these youth generally have less access to the education, services, and supports they need to develop into fully productive, healthy, and engaged adults. As our demographics change, it becomes increasingly imperative that we strive to identify the means to reach all youth with positive messages and provide them the opportunity to decrease their risks and increase their possibilities.

By contrast, privilege is defined as "a right or immunity enjoyed by a person or persons beyond the common advantage of others." It is important to recognize the privileges that accompany membership in the dominant culture and the impact that can have on further marginalizing non-members. The context for any conversation regarding the need to reach out to marginalized youth is the recognition of the social determinants that impact their lives and the inequity of some of these determinants because of a lack of membership or participation in the dominant culture. This is not to say that all youth are not equally capable but rather that all youth are not equally able to access the information, guidance and support they need to act on their full capabilities.

Healthy Teen Network's vision is that all young people make responsible decisions regarding their sexual, reproductive, and parenting behaviors. We believe this vision can be achieved if youth have access to age, culturally, linguistically, and developmentally appropriate guidance, resources, and services. To support this vision, HTN is working with experts in a range of fields to advance a research, program, and policy agenda that decreases the risk of early parenting and promotes positive youth development

among those youth with the potential to be excluded from most current approaches. With generous support from the Annie E. Casey Foundation, Healthy Teen Network has focused on improving the effective transition to adulthood among all youth by examining how we can be more effective in reducing their risk of early pregnancy.

This report includes the following documents, which provide excellent summaries of findings:

- A summary of peer-reviewed and non-peer reviewed literature
- Brief synopses of relevant demographic data and the risk factors for early parenting among marginalized populations
- Current program efforts and gaps
- Brief discussion of a sample of potentially relevant theoretical models

Several appendices are included to offer more in-depth descriptors of the populations at risk as well as some of the reports referenced in the discussion.

BACKGROUND

It was once thought that the key to improving access to quality health care and thus decrease disparate outcomes across various racial and ethnic groups was "cultural competence." Indeed, in the health care arena of the 1990s, staff development in cultural competence was all but mandatory. Initially, these cultural competence sessions consisted of trainings designed to help participants develop knowledge about a variety of cultures. As the field evolved, these training events encouraged participants not only to explore their feelings about other cultures but also to examine how their own culture, history, and experiences influenced their interactions and the quality of care they provided. Sometimes these sessions were a good beginning, and shone a light on the difficulty the dominant culture has valuing diversity and taking a strengths-based stand in interactions with those who are not a member of their group. Still, the persistence in health outcome disparities across populations lets us know we have much more work to do to achieve equity in our delivery systems. And while the catchphrase "celebrating diversity" has become part of the American lexicon, many young people have found that it is more rhetoric than reality. One result is that scores of youth struggle to navigate the complex path to adulthood with little or no support.

The United States is well on the path to becoming a "majority-minority nation". By 2040, less than 50 percent of the population will be White. Hispanic, Black, and Asian youth will constitute a majority

of the under-20 populace. In 2006, the U.S. minority population topped 100 million for the first time. However, despite these changes in population growth, the child poverty rate among racial and ethnic minority youth has remained unchanged since 1980.

Black, Hispanic, and Native American youth are significantly more likely than white adolescents to live in families with incomes at or below the 200 percent federal poverty level (Incenter Strategies, 2007). Poverty is related to higher rates of many negative health outcomes related to engaging in sexual risk behaviors, such as higher rates of unintended and adolescent births (Santelli et al 2000). Poverty and socio-economic status can have an impact on the outcome of teen pregnancy, but they may also act as risk factors. There is a high correlation between living in poverty, lack of education and earl childbirth (Moore, 1993).

In addition to race, ethnicity and poverty, there are several other social situations that can marginalize youth, leaving them at greater risk for early pregnancy and parenting.

Consider the following:

- Current estimates of 1.7 million homeless and runaway youth (NISMART, 2002)
- By 2015, if current immigration levels continue, children of immigrants will constitute 30 percent of the nation's school population (Morse, 2005)
- Nearly 800,000 young people are in foster care (ACF, 2008)

There are several risk factors that impact the ability of young people to develop into productive adults, and chief among them for both young men and women is early childbearing and parenting. Early parenting carries significant impacts for the teen mother, teen father, and child(ren). For example, both teen mothers and teen fathers are less likely to graduate high school, leaving them with a lifetime of decreased earning potential and a greater likelihood of a life of poverty (Klerman 2002, National Campaign 2008). Children born to teen parents often have a unique set of needs which leave them at increased risk for repeating early parenting, thus perpetuating the cycle of poverty among future generations (Healthy Teen Network, 2003).

The field of teen pregnancy prevention has flourished for several decades, resulting in a steady fifteen-year decline in teen birth rates through 2005 and a cadre of proven and promising programs, curricula, and approaches, as well as the identification of effective program characteristics. These efforts have helped reduce many sexual risk-taking behaviors among young people, thus helping them delay childbearing. Unfortunately, the United States still has the highest teen pregnancy rates of all industrialized nations (Boonstra, 2002), and the most recent teen birth data show an increase of three (3) percent between

2005 and 2006 (Hamilton et al, 2007). While we do not know if this recent increase is a tic or a trend or why this increase occurred, there are many hypotheses that come to mind. Chief among them is the limited access marginalized youth have to the handful of effective interventions, as well as confidential adolescent reproductive health and contraceptive services.

A closer look at available data across various marginalized groups shows us the following:

- Teen birth rates among Latino and African American youth ages 15 to 17 are 83 and 64 per 1000, respectively, more than two times those of their Caucasian counterparts (Federal Interagency, 2007).
- Foster care youth are 2.5 times more likely to have been pregnant by the age of 19 as compared to young people not in foster care (Bilaver and Courtney, 2006).
- LGBTQ youth may have twice the risk of experiencing an unintended pregnancy as their non-LGBTQ peers (Blake et al, 2001).
- Pregnancy among lesbian and bisexual adolescents is 12 percent higher than among heterosexual teens. Lesbian and bisexual teens are also more likely to engage in frequent intercourse — 22 percent versus 15–17 percent of heterosexual or unsure teens (Saewyc, et al., 1999).
- Many homeless and runaway youth have experienced abuse; 6 percent are LGBTQ and 10 percent are pregnant (Molino, 2007; Greene & Ringwalt, 1998).
- Immigrant youth are less likely to speak English, more likely to drop out of school, and highly more likely to live in poverty than non-immigrant youth, placing them at greater risk for early parenting (Morse, 2005l).
- Disabled youth are generally ignored as regards sexuality education and are often sexually abused (SexualityandU.ca).
- Adjudicated youth display higher rates of early parenting and HIV risk-related behaviors (Devieux et al., 2002).

A great deal of attention and resources are currently in place to promote the use of science-based or proven approaches. These efforts are indeed necessary, but not sufficient. The limited foci and settings of sexuality education; the difficulty of being inclusive of all youth including maintaining linguistic

and cultural relevance; the difficulty of engaging youth who live on the fringes of the mainstream; and the challenges posed when we consider the contextual needs of youth are issues that persist even with the significant advances of the field over the past two decades. The perceived lack of population-specific appropriateness is significant among youth-serving professionals. In fact, since 2002, the lack of cultural appropriateness is repeatedly cited as a major barrier to implementing science-based approaches in the field among Healthy Teen Network members as part of an annul survey conducted during our the annual conference.

When we consider all adolescents, now and in the future, who have the potential to be marginalized, we see many youth at tremendous risk for early parenting, leaving them with a greater possibility of a life in poverty. The urgency of addressing this issue is clear. What is less clear is how we can best identify and implement new ways of reaching, engaging, and empowering all youth. Looking briefly at what we have in place may help us identify new directions for program, policy, and research.

STATE OF THE FIELD

Proven Approaches

Approximately 41 programs have been classified as effective, or science-based models for use in sexual health education and the prevention of teenage pregnancy and/or HIV among youth, as outlined in *Emerging Answers 2007* (Kirby, 2007), *Science and Success* (Advocates For Youth, 2007), and *What Works* (National Campaign, 2008).[1] Of the evaluated programs, nearly 40 percent have been designed for implementation in school settings, with the remainder offered in community-based, clinic-based, after-school settings or some combination thereof. Across all programs, 25 (61 percent) have been show to be effective among African American youth; 16 (40 percent) among Latinos, and 4 (11 percent) among Asian-Pacific Islanders. In terms of geographic focus, 8 (19 percent) been shown to be effective among rural youth; 12 (29percent) among suburban youth, and 29 (70 percent) among urban youth. There are no proven effective programs for foster care, immigrant, runaway, homeless, disabled, adjudicated, or LGBTQ youth. A literature review was conducted using a variety of sites and search terms but no new proven effective models were found.

[1] The 41 sex education and pregnancy prevention education classified as effective models were evaluated for their scientific rigor using several criteria: having employed an experimental or quasi-experimental design; a sample size of(at least 100 youth in the control and comparison groups; having measured knowledge, attitudes, and behaviors; having conducted 6-12 month post-intervention measurements; having used sound research methods and processes; and having been replicated in different locations with similar findings.

Promising Approaches

A broader search of the field, focused on foundation reports, research center reports, and other respected but not necessarily peer-reviewed publications was conducted to identify new initiatives and approaches that may show promise but are not yet fully evaluated. Findings demonstrate creativity and a recognized need to reach out to engage youth in non-traditional settings as well as within their communities while using youth development principles to more comprehensively address the contextual issues affecting youth decision-making. Some key examples of our findings include:

- *Plain Talk/ Hablando Claro* is a community-based initiative focused on preventing teen pregnancy and STIs by increasing conversation between parents/community adults and teens as well as access to adolescent reproductive health services and contraceptives. This multi-site initiative is showing promise in increasing parent-child communication about sexual and reproductive matters. A rigorous evaluation is being planned.

- *Street Smart* is an HIV and STD prevention program for runaway and homeless youth in non-school settings. The program is designed to help young people reduce their sexual risk acts and practice safer sexual behaviors. Sessions address improving participants' social skills, assertiveness, and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Street Smart is classified by the Centers for Disease Control and Prevention as an intervention with demonstrated evidence of effectiveness in reducing risky behaviors associated with early pregnancy.

- *Power Through Choices* (Becker & Barth 2000) is a curriculum focused on reducing the risky behaviors associated with teen births and HIV/STIs among youth in foster care. This curriculum showed promise in reducing these behaviors during a pilot and is currently being replicated in the field.

In addition, a 2007 publication from Healthy Teen Network highlighted six programs that are using creative approaches to reach teens through their communities, such as Girl Scouts in Public Housing, or take advantage of where youth gather, such as Kulture Klub Collaborative, which engages homeless and runaway youth with the broader art community (Kahn et al., 2007).

Foundation Involvement

Foundations are engaging in some of the most challenging dialogue about issues affecting marginalized youth within the United States as well as abroad. The majority of the foundation reports focus on youth development without a specific focus on sexual health education. Some provide general methods to use in addressing racism, primarily institutional and structural racism, across the different areas of concern for American youth. Structural racism is a topic receiving increased discourse as we move from the more overt forms of past racism, to covert and institutional forms of discrimination that can limit access to resources as well as affect one's sense of self. A few reports have begun to explore how reframing racism from an individual occurrence to structural racism can better support positive youth development.

For example, *Changing the Rules of the Game: Youth Development & Structural Racism* (Quiroz-Martinez et al 2004), is an 18-month study of how select organizations deal with race and racism in youth development. In this report, the authors provide a new frame for addressing an issue that is often minimized or ignored. The authors examine the difference in approach used by traditional youth development programs and those that use structural racism as a frame and show how using a structural racism frame moves participants to clearer thinking about this issue and promotes collective action. The authors contend that using this new frame can make programs more effective; engage youth in better understanding structural racism, thus increasing an effective response; and build the collaborations and resources needed to address this issue and achieve social equity.

In *Structural Racism and Youth Development: Issues, Challenges, and Implications* (Fulbright-Anderson et al., 2005), the authors again take the field to task for emphasizing only the individual factors affecting youth development without considering the broader context of young people's lives. They contend that unless we address the systems that allow racism to continue, we can only ameliorate effects on youth and help them do well *in spite of* their environments; but that we will not change the fundamental conditions that help to maintain racially disparate outcomes.

LGBTQ issues receive some attention but mostly around gender and sexual identity, and hate crimes. There are currently no proven effective models that reduce sexual risk-taking behaviors that lead to teen pregnancy among LGBTA youth; there are, however, some interventions that have shown increased condom use among gay men. The data demonstrate an increased risk among LGBTQ youth for having more sexual partners, as well as increased unintended and teen pregnancies. If they are fortunate enough to receive comprehensive sexuality education in their schools, it is unlikely they will hear any positive reference to same-sex relationships. In fact, sexual orientation is among the three most likely topics to be excluded from a sexuality education course (Hoff & Green, 2000). In certain curricula, specifically those that adhere to the abstinence-only A through H principles, they may be vilified.

Youth in foster care, homeless and runway youth, and adjudicated youth are all less likely to receive any sexuality education because of their lack of engagement in the usual delivery systems. All of these young people possess higher risks for abuse and generally report higher rates of engaging in risky behaviors. Because these youth are in need of so many other supports, those working with them may not prioritize the importance of engaging in safer sex-practices or may lack the training to do so effectively.

Disabled youth are at an increased risk for abuse and are often ignored when it comes to sexuality education because of the perception that they are unlikely to engage in sexual activity. No theories were found to shine new thinking around how to best serve these youth regarding their sexual and reproductive needs.

In summary, we have developed and continue to develop effective means of reducing risky behaviors among those adolescents who have access to comprehensive sex education or youth development initiatives in their schools or communities. These programs can generally reduce behaviors among those for whom they have been proven effective. We have no such programs that include non-heterosexual youth or youth in more disenfranchised settings. We are, however, beginning to discuss the relevance of larger social structures that need to be considered to fully support positive youth development, including but not limited to institutional racism, hetero-centrism, and the impact of their family and social environments.

Bronfenbrenner long ago posited the Ecological Model for understanding that children and youth cannot be expected to change unless we impact the spheres of influence that surround them. Some of the more forward thinkers, particularly those addressing structural racism, embrace this notion by suggesting that youth can develop positively and avoid outcomes that may impair their futures, such as early parenting, if we address the underlying issues at the community and societal level, such as poverty and inequity.

The use of science-based approaches tells us that we need to have a logic model and theoretical basis in order to develop an effective program. Indeed, health education has focused on adult learning principles and Health Behavior Theory, among others, in order to be effective in changing knowledge and attitudes. But if we are to impact behavior among marginalized youth, we will need to consider more than individual theories. We must also focus on social theories that embrace notions of power and equity and reframe our responses to adolescent behavior to fully embrace the context of their lives.

NEW FRAMEWORKS AND THEORETICAL UNDERPINNINGS

The structural racism framework has already been discussed as one that promotes looking at power imbalances and lack of opportunities that exist for various racially and ethnically marginalized populations within the United States. In terms of the numerous marginalized groups that this document has identified, and various others not mentioned, race is not always the most salient issue. For example, race or ethnicity may not be the biggest factor for a Black or Hispanic gay youth who is also homeless.

A report based on research conducted by The FrameWorks Institute (Davey, 2008) was successful in elucidating the frames of reference that impact the very important discussion of race. In this report, the authors identify one dominant frame of thought whereby African Americans are seen as violating specific American ideals – that of the self-making person and the idea that different races share separate fates. A solution provided by this report is the shift in conversation away from responsibility and reparations for past behavior and toward "opportunity for all," which is the premise of all American ideals. Tapping into this premise ties together the fates of marginalized and majority populations, thus allowing for support of issues that affect marginalized populations and yet can be seen as affecting the entire population. Conversations around white privilege and diversity run into barriers because they are viewed as barriers to overcome rather than ideals for which to strive.

Feminist Theory and Intersectionality Theory both address the structural elements of society that perpetuate patterns of power, just as structural racism theory. Feminist Theory is appropriate when dealing with marginalized populations because it addresses the structures of power that exist within society and how these power structures limit opportunities for marginalized and disenfranchised populations. Intersectionality Theory broadened the conversation surrounding Feminist Theory by recognizing that patterns of oppression are bound together and influenced by intersectional systems of society, for example, race, class, gender and ethnicity (Collins, 2000). All three theories offer an opportunity to reframe issues affecting marginalized youth that recognizes they are embedded in larger societal systems and "norms'. Recognizing the larger impact of society on individuals when developing approaches to promote positive development should impact our strategies; leading to more comprehensive approaches that empower individuals, building on their intrinsic strengths, and providing direction and support for impacting the systems that oppress. A challenge remains to positively impact both individuals and systems as change within either is interdependent.

A more individual theory, but one that seems particularly relevant to this work is Resilience Theory. Resilience Theory is based on the principle that all people have the ability to overcome adversity and achieve success despite it. It is a strengths-based model which focuses on providing the supports and opportunities youth need to be successful rather than trying to eliminate risk factors. Proponents

of Resilience Theory generally employ youth development approaches in their work, believing that providing youth with caring relationships and opportunities for meaningful participation meets their fundamental developmental needs to be successful. Resilience Theory recognizes the social determinants affecting marginalized youth but demonstrates that we can be successful in supporting positive youth development without removing all of these factors, which are often beyond our reach.

While it is not clear which theory, or even if a particular theory, is most important for moving us forward, it is important that the field expands our theoretical base to encompass the context in which youth live, as opposed to solely attempting to change individual behaviors.

CONCLUSION

This report was intended to provide a succinct, yet compelling, picture of the gaps that exist in the area of teen pregnancy prevention and the urgency with which we must fill these gaps. We must move out of our comfort zones of believing we have achieved cultural competence and challenge our norms regarding what we think it means to truly embrace all youth. We must also change our usual course of doing business—expand beyond schools and the usual community sites and go to where the most marginalized young people might be found and engage them in our systems of care. While we do not want to hinder the wonderful progress we are making on identifying what works through our usual mechanisms, we must also be more creative in our approaches in order to move quickly enough to impact youth now. And finally, we need to consider embracing new frames for how we work with youth with all of their complexities.

We are faced, as a nation, with more and more challenges to be inclusive. We need to learn to speak a language that respects all youth; search out young people and engage them as active participants in our systems of care, and provide them with full and equal access to the supports and resources they need to transition effectively to adulthood. This will not be easily or quickly achieved, but it is essential for the future success of our young people that it be done.

We thank you for your interest in young people and for the expertise you bring to this discussion. We are anxious to hear your recommendations for reducing the effects of marginalization that lead to early pregnancy and parenting by developing a policy, program, and research agenda that truly promotes equity for all youth.

MAJOR QUESTIONS FOR DISCUSSION

During the summit, we will ask you to consider our statements and supporting documents, accept our definitions of marginalization, and work with us to create new ways to move the field forward.

Specifically, we will consider:

- What is the role of youth development in teen pregnancy prevention?
- What is the role of teen pregnancy prevention in promoting social equity?
- How can reframing be used in efforts to achieve greater social equity?
- What strategies have proven most effective in engaging and supporting parents and communities in these efforts?
- What should be our top research, program, and policy priorities moving forward?

THE SUMMIT

The Process

Eight (8) experts in research, policy and program approaches to prevent teen pregnancy and/or promote positive youth development met for one day to discuss how to gain success in preventing teen pregnancy among marginalized youth. These eight experts (see participant list for the full list and bios of both invitees and attendees) agreed to read the brief report and supplemental material before the Summit; to accept our definition of marginalized youth for the day; challenge our thinking and conclusions as described in the paper, and develop a set of program, policy and research recommendations for the field. The day was facilitated by Healthy Teen Network staff.

The morning was spent in a large group as we discussed the issue at hand; suggestions were made to improve the paper (that have since been incorporated), and participants determined a way to address such a vast topic. The team identified three common threads they perceive to exist among all marginalized youth and help us concentrate on reaching such a diverse group with our efforts.

The team self identified to participate in small groups focused on policy, program or research for the afternoon session. Each group developed a set of recommendations that would move us closer to reducing teen pregnancy among marginalized youth. Once the small groups completed their task, the larger group adopted a cohesive set of recommendations merging the best ideas from each small workgroup.

Results

Large group discussion revolved primarily around how to address such a disparate group as 'marginalized' youth. Identifying common threads, those issues which impact all marginalized youth, became an important step in allowing the group to think more broadly about solution.

The following three common threads represent the synopsis of what became established thinking by the end of the day: youth connection is critical; youth development principles could play a critical role; and poverty complicates the issue and must be considered in all of our approaches.

Common Threads

- *Common Thread #1: Youth need to be connected, engaged, and empowered.* We need to value youth for who they are now and not just what they offer in the future. Families and communities need to be connected. Youth workers need to be respected and engaged.

- *Common Thread #2: Youth development plays an important role here.* If done well, youth development can contribute to the successful development of intimacy, identity, and industry—all critically important for positive youth development.

- *Common Thread #3: Poverty plays an important role in preventing teen pregnancy among marginalized youth.* We must acknowledge the contribution of socio-economic status – for example, disparities in rates across different racial/ethnic groups reduce significantly when socio-economic status is considered.

Recommendations for the Future

Three small groups of about 4-5 persons met for an hour to develop a set of recommendations regarding the direction of research, program and policy to address some of the gaps identified in the paper and during discussion. Once the small groups completed their work; the entire group stepped back and listened to each groups' thoughts and ideas. The entire group then agreed on a set of recommendations that captured the essence of all recommendations put forth.

Research: Researchers were very interested in understanding more about youth connection and youth development and the pathways that make these approaches promote positive youth development. A good deal of discussion revolved around why a program or curriculum will work with one set of youth in one location but not with a similar set of youth in a slightly different location. The need to understand the role of values was discussed and also the issues that accompany such a discussion. Finally, everyone in the room agrees that unequal access and power play a significant role for these youth but there was not consensus on the definition or role of social equity in the reproductive health field.

Final research recommendations include:

- We have work to do to better understand various aspects of programs and approaches that can affect results such as implementation, adaptation, importance of context, etc.
- We need to grow our understanding of youth development principles in specific ways so we can employ them in this work.
- We need to understand the pathways of connectedness and identify the role of youth activism/youth engagement in teen pregnancy prevention.
- We need to better understand the role of values in teen pregnancy prevention and identify the values affecting marginalized youth
- We should define social equity and determine its role in teen pregnancy prevention and determine effective ways to change structural conditions.

Policy: The policy discussion evoked a few themes including: the lack of substantial support for what it takes to understand and intervene effectively with this population of youth; the need to be more creative in reaching these youth and create the avenues to do so (i.e. think about ways to support more collaborative approaches currently inhibited by "siloed" policy and funding); and the need to support communities.

Final policy recommendations include:

Broad policy directions

- Integrate reproductive health into workforce development programs
- Need dedicated funding sources, in it for the long haul, that offer good salaries, support implementation and evaluation, build relationships and engage youth.

Community level

- Reward communities that have successes.
- Mandate science-based approaches but allow communities the flexibility to select programs based on their utility for the target population in their community.
- Establish and monitor reasonable performance measures.

Program: The program small workgroup discussed a variety of topics relevant to engaging stakeholders including parents and youth; the need to increase respect and support for youth workers; gain collaboration across disciplines, and employ youth development principles.

Final program recommendations include:

- Youth service providers need solid training and certification.
- We need to engage parents and family.
- We need to collaborate across disciplines.
- We need to develop and engage youth in programs that help them see the benefit in avoiding risky sexual behaviors and delaying parenting.
- Youth development is at the core.

Other Issues to Consider

There were a few issues that emerged time and again during the discussion that did not result in a recommendation but are nonetheless significant issues to consider in this work.

- Marginalization/diversity/issues of equity affect both systems and individuals and we must address both to be effective. How do we make both people and systems responsible?
- Cultural competence is important but how do we achieve cultural competence among both individuals and organizations? What does it mean for a person or organization to be culturally competent?
- There is a difference between mutable and immutable factors and that difference should be noted when working with youth. For example, we cannot change race or sexual orientation but we can affect homelessness and graduation rates.
- The tendency in the field is to consider Asian and Pacific Islanders as one group when in fact they have very different risks and outcomes. We must differentiate and treat the various ethnic groups combined in this often used term according to their risk status.
- Why do programs work with some youth but not others for whom they are intended; what other factors influence effectiveness among proven effective programs? We must learn more about the various contextual and implementation issues that can affect program outcomes.

Feedback from the Field

On October 30, 2008, a power point presentation outlining the project and recommendations that emerged from the Summit was presented to some 350 conference attendees. They were asked to respond to the project; and specifically to the common threads and recommendations for next steps. There was general consensus that youth connection is an important part of positive youth development. There were recommendations to consider religion when discussing issues affecting marginalized youth and to separate Asian and Pacific Island youth as they have very different life experiences, risk factors and outcomes.

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